

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAR000019232

09/27/99

CEMPLANK INC

JUNE AVE EXCELSION IND PARK

BLANDON: PA 19510

TOM LEIBENSPERGER ESH MGR

INSTALLATION ADDRESS

JUNE AVE EXCELSIOR IND PARK

BLANDON , PA 19510

EPA Form 8700-12A (1/98)

Form Approved. OMB No. 2050-0028 Expires 10/31/99

GSA No. 0246-EPA-OT

Line instructions for Completing EPA Form \$700-12 before completing this form. The information requested here is

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

the Recovery Act). United States Environment Conservation and Recovery Act).	onmental Protection Agency	15 3 1 No.
I. Installation's EPA ID Number (Mark 'X' in the appropriate box		
A. Initial Notification B. Subsequent Notification	n C. Installation's EPA ID Numb	*CION
(Complete Item C)	PAR000019	123211
I. Name of Installation (Include company and specific site name		
CEMPLANK FCP		
III. Location of Installation (Physical address not P.O. Box or R	route Number)	
Street		
EXCELSIOR IND F	PARK	
Street (Continued)		
PO BOX 99		
City or Town	State Zip Code	
BLANDON	PA 19510-	-
County Code County Name		
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IV. Installation Mailing Address (See Instructions)		
Street or P.O. Box		
PO BOX 99		
City or Town	State Zip Code	
BLANDON	PA195101-	-
V. Installation Contact (Person to be contacted regarding was	te activities at site)	
Name (Last)	(First)	
LEIBENSPERGER	TOM	:
Job Title	Phone Number (Area Code and Number)	
EH4S MANAGER	610-926-553	33/
VI. Installation Contact Address (See instructions)		
A. Contact Address Location Mailing B. Street or P.O. Box		
City or Town	State Zip Code	
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VII. Ownership (See instructions)		· 1
A. Name of Installation's Legal Owner		
Street, P.O. Box, or Route Number		
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City or Town	State Zip Code	
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II. Type of Regulated Waste Activity	(Mark 'X' in the appropriate boxes. Refer to ins	structions)
A. Hazardous	Waste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 ibs.) b. 100 to 1000 kg/mo (220-2,200 ibs.) c. Less than 100 kg/mo (220 ibs) Transporter (Indicate Mode in boxes 5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	required for this activity, see instructions.	1. Used Oil Recycling Marketer a. Marketer Directs Shipment of Use Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - indicate Type(s) of Activity(les) a. Process b. Re-refine
C Description of Regulated Wastes (U.		D. He-retine
	D018 D0	390040
Listed Hazardous Wastes. (See 40 Cl	DO 18 DO FR 261.31 - 33; See Instructions if you need to I	3 9 D 0 Y 0
7 8	FR 261.31 - 33; See Instructions if you need to I	5 6 11 12 12
1 2 8 8 . Other Wastes. (State or other wastes r	FR 261.31 - 33; See Instructions if you need to I	5 6 11 12 12 12 12 12 12 12 12 12 12 12 12
. Other Wastes. (State or other wastes r	FR 261.31 - 33; See Instructions if you need to I	5 6 111 12 12 e Instructions.)
. Certification I certify under penalty of law that this docur a system designed to assure that qualified person or persons who manage the system, is, to the best of my knowledge and belief, tr	FR 261.31 - 33; See Instructions if you need to I	5 6 Instructions.) 5 6 Instruction or supervision in accordance with mation submitted. Based on my inquiry of the ing the information, the information submitted
. Other Wastes. (State or other wastes r 1 2 . Certification I certify under penalty of law that this docur a system designed to assure that qualified person or persons who manage the system, is, to the best of my knowledge and belief, tr	The securate and all attachments were prepared under more personnel properly gather and evaluate the information, accurate, and complete. I em aware that them is and imprisonment for knowing violations. Name and Official Title (Type or principle)	sy direction or supervision in accordance with mation submitted. Based on my inquiry of the ing the information, the information submitted are significant penalties for submitting false. Date Signed
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Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Form Approved, OMB No. 2050 0628 Expires 9:30 Date Received N (For Official Use Only)

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/III. Type of Regulated Waste Activity (Mark	'Y' in the engropriete haves. Peter to the	tructions				
A. Hazardous Was		B. Used Oil Recycling Activities				
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rall 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boilerand/or industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground injection Control	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the User Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) or Combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(les) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(les) a. Process b. Re-refine				
X. Description of Hazardous Wastes (Use ac	dditional sheets if necessary)					
A. Characteristics of Nonlisted Hazardous nonlisted hazardous wastes your installation h						
Ignitable 2. Corrosive 3. Reactive 4. Toxic (D001) (D002) (D003) Cha		number(s) for the Toxicity characteristic contaminant(s				
3. Listed Hazardous Wastes. (See 40 CFR 26	1.31 - 33; See instructions if you need to li	ist more than 12 waste codes.)				
7 8	9 10	5 6 11 12 12				
C. Other Wastes. (State or other wastes requiri	ng a handler to have an LD, number: See	instructions)				
•	3 3 4 1 1 1	5 6				
C. Certification		nich zeiten der				
I certify under penalty of law that this document ar system designed to assure that qualified personnel or persons who manage the system, or those perso best of my knowledge and belief, true, accurate, and including the possibility of fine and imprisonment	properly gather and evaluate the informations directly responsible for gathering the indicate are significations.	on submitted. Based on my inquiry of the perso information, the information submitted is, to th				
Signature Complex	Name and Official Title (Type or pro- Tom Leibensperger, QESH M	' 1 1				
(I. Comments						
Change Generator status from Sm	all Quality Generator to C	onditionally Exempt				
· .						



23 February 2000



U.S. EPA Region 3 RCRA Programs Branch Pennsylvania Section (3HW51) 1650 Arch Street Philadelphia, PA 19103-2029

To Whom It May Concern:

Enclosed please find the Notification of Regulated Waste Activity (EPA Form 8700-12) for our maintenance rags, and the Chemical Analysis of Residual Waste (DEP Form 26R) for our water-base paint.

Should you have any questions or require anything further, please call Tom Leibensperger at 610-926-5533 ext. 241.

Regards,

Tom Leibensperger QESH Manager



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION III**

841 Chestnut Building Philadelphia, Pennsylvania 19107-4431

Dear Hazardous Waste Handler:

The U.S. Environmental Protection Agency (EPA) has rece your Notification Form, which you filed pursuant to Section 30 of the Resource Conservation and Recovery Act, as amended.

We have reviewed the form and are returning it to you for clarification of your location address on line 4 of the Notification form. EPA cannot process location addresses listed

These types of addresses are not specific enough for EPA tracking purposes. If your area has been zoned for 911 telephone system, please give us your new address. If your area has been rezoned by your local post office, please give us the address the post office assigned to your location. If your facility has not been zoned by the post office or 911, please include the address of the nearest highway, example: Route 73, 1 mile north of Highway #77.

We thank you for your time and effort in this matter. specific information will enable us to better service your needs in the future. Please return the completed form together with this letter to the address indicated in the letterhead.

If you have any questions involving the Notification Form, please call the Technical & Program Support Branch at (215) 597-1230.

Sincerely,

Gmerice E. Wilson (3HW70)

Environmental Protection Specialist Technical & Program Support Branch

Notification Sheet Revised To Reflect Address of nearest highways - mag enclosed. Thank to u

Please refer to the Instructions for Filling Notification before completing this Jorn. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

Elisabilitation (PA Di Number (Nair X II in the appropriate bod) A First Notification B. Subsequent Notification PA D D D D D D D D D	United States Environ	Herital Protection Agency Charles Courses
II. Name of Installation (inclusive company and specific site name)	L Installation's EPA ID Number (Mark 'X' in the appropriate box)	
II. Name of Installation (include company and specific site name) PCP FNC BLOC III. Location of Installation (Physical address not P.O. Box or Route Number) Street Street Street Street Continued; PT 73 TO S W O N PR PD RH ON EX. C C C S TO C TWO. PK Street Continued; PT 73 TO S W O N PR PD RH ON EX. C C C S TO C TWO. PK Street Continued; PT 73 TO S W O N PR PD RH ON EX. C C C S TO C TWO. PK B L AN DO N = PA 1915 10 - 06 79 County or Town III. BERKS N. Installation Mailing Accress (See Instructions) Street or P.O. Box PO B O N 6 79 V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) LET B EW S PER FER TO M Phone Number (Area Code and Number) A Counted Name on B. Street or P.O. Box VI. Installation Contact Address (See Instructions) A Counted Accress LA DO N B Street or P.O. Box VI. Installation Contact Address (See Instructions) A Counted Accress (See Instructions) A Name of Installation's Legal Owner F C P J N K Street, P.O. Box, of Route Number DU W E R U E X C E U S J O R J N O R D C D C D C D C D C D C D C D C D C D	A. First Notification	S07771
B. Location of Installation (Physical address not P.O. Box or Route Number)		
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City or Town State Zip Code County Code County Code County Name County Code County Code County Name City or Town Street or P.O. Box P O B O M 679 V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) LE IBEM SPERGER TOM Job Title Phone Number (Area Code and Number) GESH MANAGER RELIGION VI. Installation Contact Address (See Instructions) A Common Address Code Street P.O. Box VII. Ownership (See Instructions) A Name of Installation's Legal Owner FCP LW ON Street P.O. Box, of Route Number TW WERDOWN Street, P.O. Box, of Route Number TW WERDOWN Street, P.O. Box, of Route Number TW WERDOWN City or Town State Zip Code City or Town State City or Town State City or Town State City or Town City or Town State City or Town City or Town City or Town City or Town State City or Town City or	Street (Continued)	(注:) 實際。第三次與臺灣數學,是一次
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City or Town State Zip Code B L A M D O N P A 1 9 5 1 0 - 0 6 7 9 V. Installation Contact (Person to be contracted regarding waste activities at site) Name (Lsx1) L E 1 B E W S P E R G E R T O M Job Title Phone Number (Area Code and Number) VL. Installation Contact Address (See Instructions) A Carrier Address (See Instructions) State Zip Code B L A W D O W Street, P.O. Box, of Route Number T W E A U E E X C E C S T O R T W O P C City or Town State Zip Code B L A W D O W Phone Number (Area Code and Number) Phone Number (Area Code and Number) B Land Type C. Owner Type (C. Change of Unions) Occ. Change of Unions (Code Changed) Worth Dev Year	IV. Installation Mailing Address (See Instructions)	en de la companya de
BLANDON V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) LEIBENSPERGERTOM Job Title Phone Number (Area Code and Number) VI. Installation Contact Address (See Instructions) A Contract Address (See Instructions) A Contract Address (See Instructions) City or Town State Zip Code F C P INC Street, P.O. Box, of Route Number State Zip Code City or Town City or Town State Zip Code City or Town State Zip Code City or Town City or Town State Zip Code City or Town State Zip Code City or Town City or Town City or Town State Zip Code City or Town City o	Street or P.O. Box	
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City or Town State Zip Code		
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Priorie Number (Area Code and Number)	B Land Tyne	
	Phone Number (Area Code and Number)	

		ID - For Official Use Only
VIII Type of Requisted Waste Activity	Mark X in the appropriate boxes; Refer to inst	nictional and an analysis and an analysis
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rall 3. Highway 4. Water 5. Other - specify	Installation) Note:: A permit is required for this activity; see instructions. 5 4. Hazardous Waste Fue! 2. Generator Marketing to Burner b. Other Marketers c. Boller and/or industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace	B. Used Oil Recycling Activities 1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Use Oil to Off-Specification Burner b. Marketer Who First Claims the Use Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) Combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type of Activity(les) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(les) a. Process b. Re-refine
nonlisted hazardous wastes your installa i. lentable 2. Corrosive 3. Reactive (poot) (poot)	Toxicity Characteristic (List specific EPA hazardous waste no FR 261.31 - 33; See instructions if you need to its) umber(s) for the Taxicity characteristic contaminent
7 8 C. Other Wastes. (State or other wastes r	equiring a handler to have an i.D. number; See	Instructions.)
system designed to assure that qualified pers or persons who manage the system, or those	ment and all attachments were prepared under my connel properly gather and evaluate the information e persons directly responsible for gathering the in the and complete. I am aware that there are signifi- connent for knowing violations.	on submitted. Based on my inquiry of the pers aformation, the information submitted is, to
Signature Tom My	Name and Official Title (Type or pri	7.860
XI. Comments	e a komendor a los estruciones de la comunicación de la comunicación de la comunicación de la comunicación de l Comunicación de la comunicación de	RAHlur da
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on congress porch on number size of i.m. 75 approximately 200 east elevation * 328.22

Source of Title: Being a portion of the same property which American Bank by deed dated June 15 - 1983 and recorded in deed book volume 1833-528. Beins County Records at Reading Pennsylvania granted and conveyed unto Can Corp. of America Inc.

I - Industrial

Min. Lot Area - 50,000 S.F.

Min. Width - 108 ft. Front Yard - 40 ft.

Side Yard - 20 ft. Rear Yard - 20 ft.

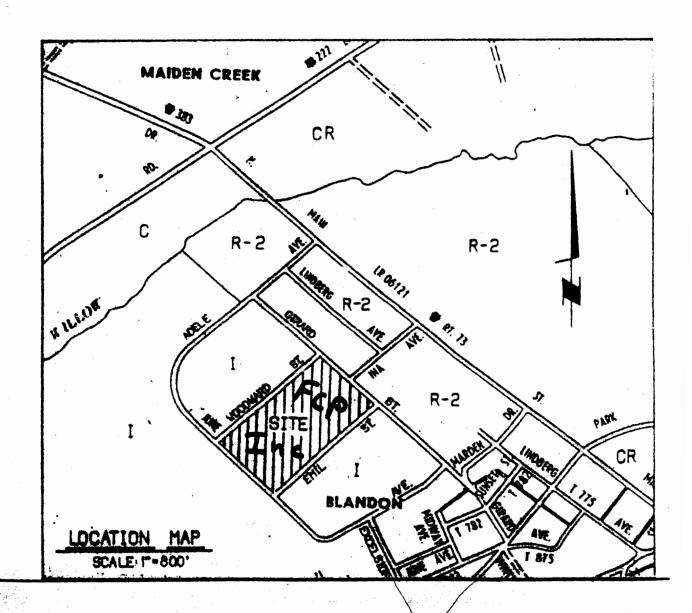
Max. Build. Coverage - 40%

Max. Build. Height - 45 ft.

Min. Open Space - 20% Max. Paved Area - 40%

EPA PETER

JAME D



Quality – Environment – Safety – Health
Excelsior Industrial Park • P.O. Box 679 • Blandon, PA 19510-0679
(610) 926-0100 • (610) 926-9232 FAX

TOM LEIBENSPERGER





ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAR000019232

05/10/96

I A I.D. NOMBER

PCP INC JUNE AVE EXCELSION IND PIKE BLANDON, PA 195100679 TON LEIBENSPERGER QESH MGR

INSTALLATION ADDRESS

JUNE AVE EXCELSION IND PIKE BLANDON, PA 195100679

EPA Form 8700-12A (6-90)